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24002 7590

10/01/2007

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(Depositor's name)

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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/696,525	10/29/2003	Chieng-Chung Chen	500-004	6390

TITLE OF INVENTION: MEMORY PUMPING CIRCUIT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	\$720 <input checked="" type="checkbox"/> \$1440 <input type="checkbox"/>	\$300	\$0	\$1020 <input checked="" type="checkbox"/> \$1740 <input type="checkbox"/>	01/02/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHAN, TRONG Q	2827	365-149000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list <input type="checkbox"/> (1) the names of up to 3 registered patent attorneys <input type="checkbox"/> or agents OR, alternatively, <input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<u>ANTHONY R. BARKUME, R.C.</u>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<u>2</u> <u>3</u>

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

WINBOND ELECTRONICS CORP.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

TAIWAN, R.O.C.

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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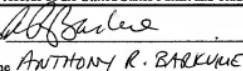
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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ANTHONY R. BARKUME

Typed or printed name

Date Oct. 31, 2007Registration No. 33,831

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